PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2003

10827244

									1070	<u> </u>		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				R THAN
TOTAL CLAIMS				.19			7	RATE	FEE	OF	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI			BASIC FE	 -
TOTAL CHARGEABLE CLAIMS			19	19 minus 20=		. 6		XS 9=		7	V540	-
INDEPENDENT CLAIMS			1 2	minus 3 =	.0	0			-}	-JOF	`}	
MULTIPLE DEPENDENT CLAIM PR								X43=	-	OR	X86=	
<u> </u>	t the difference	sa in salumn 1 i	a loss than		"O" :-		'	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II						column 2		TOTAL	<u> </u>	OR	TOTAL	770
		CLAIMS AS . (Column 1)	AMENDE	D - PARī Colum)		(Column 3)		SMALL ENTITY			OTHER SMALL	
Г	CLAIMS			HIGHE	SŤ	T	ו ר		ADDI-	7		ADDI
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL	<u> </u>	RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	FAITATION OF M	Minus			=		X43=		OR	X86=	
	FIRST PRES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
							L			اسا		
								TOTAL		OR	TOTAL	•
							A	DDIT. FEE	L		ADDIT. FEE	
٠.,		(Column 1)	Ţ	(Colum		(Column 3)	,					
8		CLAIMS REMAINING		HIGHE					ADDI-	7 1		ADDI-
		AFTER		PREVIOU		PRESENT		RATE	TIONAL	1 1	RATE	TIONAL
		AMENDMENT		PAID F		EXTRA			FEE		IVAIL	FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=	765	OR	X\$18=	ree
AME.	Independent	•	Minus	***		=	\vdash	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT C	LAIM		-	 		┨╩┸		
							Ŀ	+145=		OR	+290=	•
				•			AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column	1'2)	(Column 3)	•	•				·
اد	`	CLAIMS		HIGHES					ADDI		Y	4001
_ [REMAINING	İ	NUMBE		PRESENT	11.		ADDI-			ADDI-
-	į	AFTER AMENDMENT	ł	PREVIOU PAID FO	1	EXTRA	'	RATE	TIONAL		RATE	TIONAL
<u> </u>		7 GULLIU MILITI		FAIDFO	^ 		<u> </u>		FEE	ŀ -		FEE
<u> </u>	Total	*	Minus	**		=	>	K\$ 9=		OR	X\$18=	
	ndependent	* NTATION OF MU	Minus	***	1 414		T	K43=		OR	X86=	
	MOTPHESE	ITATION OF MU	LIPLE DEF	ENDENIC	LAIM			145=		OR	+290=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
11	ie Hignest Num	per Previously Paid	For (Total or	independent)	is the h	ighest number f	ound	in the appr	opriate box	in colur	nn 1.	